

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 45 OF 81
(check only one)

| | | | |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)

Full Name (Last, First, Middle Initial)

A. Kevin Hummel

Mailing Address 400 Evans St

| | | |
|-------|-------|------------|
| City | State | Zip Code |
| Sloan | IA | 51055-7749 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hummel Insurance Agency, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 21 | / | 2015 |

Transaction ID : 13528452

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas F Skelly Jr

Mailing Address 36 Washington St

| | | |
|-----------------|-------|------------|
| City | State | Zip Code |
| Wellesley Hills | MA | 02481-1928 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Deland Gibson Insurance Assoc

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 21 | / | 2015 |

Transaction ID : 13528458

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tom Edmark

Mailing Address 101 N Main St

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Ishpeming | MI | 49849-1819 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greencreek Inc dba Iron Range Agency

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 21 | / | 2015 |

Transaction ID : 13528460

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ▶

1500.00

TOTAL This Period (last page this line number only)..... ▶